

**33<sup>rd</sup> MEETING**  
**OF THE**  
**MARYLAND HEALTH CARE COMMISSION**

**Thursday, April 18, 2002**  
**Minutes**

Chairman Wilson called the meeting to order at 1:05 p.m.

Commissioners present: Beasley, Crofoot, Etheredge, Ginsburg, Jensen, Malouf, and Murray

**ITEM 1.**

**Approval of Minutes**

Commissioner Ernest B. Crofoot made a motion to approve the Minutes of the March meeting of the Commission, which was seconded by Commissioner Evelyn T. Beasley, and unanimously approved.

**ITEM 2.**

**Update on Commission Activities**

- Data Systems and Analysis
- Health Resources
- Performance and Benefits

Ben Steffen, Deputy Director of Data Systems and Analysis, referred the Commissioners to the written *Update of Activities*. Additionally, Mr. Steffen announced that the most recently proposed privacy regulations as required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) eliminate information disclosure consent requirements prior to rendering care or treatment.

Pamela Barclay, Deputy Director of Health Resources, referred the Commissioners to the Health Resources section of the *Update of Activities*.

Enrique Martinez-Vidal, Deputy Director of Performance and Benefits, also referred the Commissioners to the written *Update of Activities*. Copies of the *Update* were available on the documents table and on the Commission's website at: <http://www.mhcc.state.md.us/mhccinfo/cmsnmtgs/updates/>.

**ITEM 3.**

**ACTION:** Extension of the State Health Plan Exemption Granted to the Cardiovascular Patient Outcomes Research Team (C-PORT) Project Under COMAR 10.24.17.04C(4)

Chairman Wilson said that the State Health Plan requires hospitals providing coronary angioplasty services to have on-site cardiac surgery backup. The Plan also has procedures for exempting research projects from this policy. Under the exemption procedures, the former Health Resources Planning Commission approved the initial request from Johns Hopkins University to permit selected Maryland hospitals to participate in the

Atlantic C-PORT primary angioplasty clinical trial. Today, hospitals in the C-PORT registry may perform primary angioplasty without on-site cardiac surgical back up. The exemption originally granted in 1996 was extended by the Maryland Health Care Commission until July 2002. At the time of the extension last year, the Commission expressed concern that the data generated from the C-PORT project be analyzed expeditiously to make a final determination about C-PORT. The C-PORT data will be reviewed by a subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care.

Pamela Barclay said that staff requested a one-year extension for the exemption until the Advisory Committee on Outcome Assessment in Cardiovascular Care has made its recommendations to the Commission and the Commission has acted on them. Commissioner Dennis Murray made a motion to grant the extension, which was seconded by Commissioner Beasley, and unanimously approved.

**ACTION: One-Year Extension of the State Health Plan Exemption Granted to the Cardiovascular Patient Outcomes Research Team (C-PORT) Project Under COMAR 10.24.17.04C(4) is hereby approved.**

#### **ITEM 4.**

**PRESENTATION:** *Update on the Advisory Committee on Outcome Assessment in Cardiovascular Care*

Chairman Wilson said that the Advisory Committee on Outcome Assessment in Cardiovascular Care held its first meeting on March 4<sup>th</sup> and its second meeting on April 17<sup>th</sup>. Pamela Barclay updated the Commission on the new membership and activities of the Advisory Committee and its subcommittees.

#### **ITEM 5.**

**PRESENTATION:** *Trends in Maryland Hospital Emergency Department Utilization: An Analysis of Issues and Recommended Strategies to Address Crowding*

Chairman Wilson noted that there had been several recent newspaper articles on the increase in use of Emergency Department (ED) services across the country. The Maryland Health Care Commission and the Health Services Cost Review Commission (HSCRC) recently convened a joint workgroup to look at this issue in Maryland.

Pamela Barclay briefed the Commission on the work group's findings and recommendations. Findings included:

- There was more than a four-fold increase in Yellow Alert hours between fiscal years 1996-2001 in the metropolitan Baltimore region. Red Alert hours more than doubled over this time period.
- Over the past twelve years, ED utilization in Maryland increased by 454,000 visits or 30.6 percent—most of this growth occurred over the past six years.
- The pattern of increasing ED utilization experienced in Maryland is consistent with national trends.
- More than one-half of all hospitalized patients are seen in the ED prior to admission.
- Heart failure and shock are the leading cause of hospitalization for patients admitted through the ED.
- ED visits now account for 52 percent of the caseloads of Maryland acute care hospitals.
- Factors Influencing Trends in Hospital ED Utilization include:

- Increased demand for ED services due to less restrictive managed care policies; busy primary care physicians; no regular source for primary care; and competition for patients among ED's, "Fast track" urgent care and pediatric emergency care providers;
  - Changes in the management of ED patients due to EMTALA requirements; shortages of on-call specialists; and changes in technology and treatment such as Intensive Care and observation in the ED to avoid admission
  - Problems with the capacity of hospital and community health system resources due to lack of inpatient beds, critical care beds, the nursing shortage; seasonal variations in hospital utilization; 23-hour stays; and community and support services for vulnerable populations with serious and chronic illnesses.
- The Joint Work Group Recommendations were as follows:
    - Collaborate with academic organizations to obtain grant funds for an in-depth study of key issues;
    - Develop a system for routine reporting and analysis of HSCRC emergency department data;
    - Continue the MIEMSS Yellow Alert Task Force to manage diversions and educate the public and providers about appropriate use of emergency services;
    - Study the impact of increased ED utilization on optimal occupancy levels and inpatient bed capacity;
    - Provide startup funds for innovative projects designed to improve ED operations;
    - Give priority under the Hospital Bond Project Review Program to projects designed to improve access to urgent care for vulnerable populations; and
    - Study potential role of freestanding emergency care centers.

Following a discussion among the Commissioners and staff, Chairman Wilson thanked Ms. Barclay and the Work Group for the analysis and report. The report is available on the Commission's website at: <http://www.mhcc.state.md.us/resources/reports/acutecarehospital/emerdept.pdf>.

## ITEM 6.

### **PRESENTATION:** *Spotlight on Alzheimer's Disease*

Chairman Wilson announced that the next two agenda items would be reports from the Commission's Data Systems and Analysis Division staff spotlighting health care issues and HMO enrollment. Rebecca Goldblatt, Health Policy Analyst, presented a summary of the *Spotlight on Alzheimer's Disease*. The purpose of this spotlight was to disseminate condition and disease-specific data to individual counties in Maryland on the topic of the growing prevalence of Alzheimer's disease, costs of care, and an outlook for the future regarding technology, policy, research and potential for more in-depth studies. The spotlight report is available on the Commission's website at: <http://www.mhcc.state.md.us/database/alzheimers.pdf>. Chairman Wilson thanked Ms. Goldblatt for her report.

## **ITEM 7.**

### **PRESENTATION:** *Spotlight on HMO Enrollment*

Linda Bartnyska, Chief, Cost and Quality Analysis, described changes in HMO enrollment from 1999 to 2000. The number of HMO enrollees in Maryland declined by 0.6%, while the decline nationwide was 3.3%. Private sector enrollment in HMOs nationwide was reduced by purchasers' search for savings and consumers' pursuit of choice. HMO market share for private sector enrollment in Maryland fell from 43.4% to 42.1%. The range of private sector market share in Maryland was from 25.1% in Southern Maryland to 47.4% in the National Capital Area. Medicaid HMO enrollment continues to climb due to the MCHIP program. The market share for Managed Care Organization (MCO) enrollment among fully insured Maryland Medicaid enrollees grew from 75.77% in 1999 to 79.3% in 2000. Medicare+Choice enrollment market share declined statewide with the largest decline in Eastern Shore enrollment of 97% and the smallest decline in the National Capital Area of 6%. The spotlight report is also available on the Commission's website at: <http://www.mhcc.state.md.us/database/hmo2002.pdf>. Chairman Wilson thanked Ms. Bartnyska for her report.

## **ITEM 8.**

### **PRESENTATION:** *Report on the Centers for Medicare and Medicaid Services Pilot Project*

Chairman Wilson said that Maryland was chosen as one of six states to participate in a pilot project sponsored by the Centers for Medicare and Medicaid Services (CMS) last fall. The pilot project focuses on collecting quality measures and using the measures to improve care in nursing homes. Mr. Martinez-Vidal presented a status report on the pilot project. He said that Secretary of Health and Human Services, Tommy Thompson, would hold a press conference on April 24, 2002 to announce availability of information on the Centers' website. The Maryland Nursing Home Performance Evaluation Guide will also include eight of the nine new quality measures being piloted by CMS. The new measures will be displayed using the same symbols currently being utilized in the current Maryland Guide.

## **ITEM 9.**

### **LEGISLATIVE REPORT:** Wrap Up of the 2002 Session

Mr. Martinez-Vidal said that April 8<sup>th</sup> was the closing day of this year's session of the Maryland General Assembly. He provided a summary of the Commission's activities during the session. Chairman Wilson thanked him for both of his presentations.

## **ITEM 10.**

### **Hearing and Meeting Schedule**

Chairman Wilson announced that the Commission Hearing and Meeting Schedule was available at the documents table, as well as on the Commission's website. The next scheduled meeting of the Maryland Health Care Commission will be on Thursday, May 16, 2002 at 4201 Patterson Avenue, Rooms 108-109, in Baltimore, Maryland at 10:00 a.m. for a Working Session, followed by the Commission meeting at 1:00 p.m.

## **ITEM 11.**

### **Adjournment**

There being no further business, the meeting was adjourned at 2:43 p.m. upon motion of Commissioner Lynn Etheredge, which was seconded by Commissioner Murray, and unanimously approved by the Commissioners.